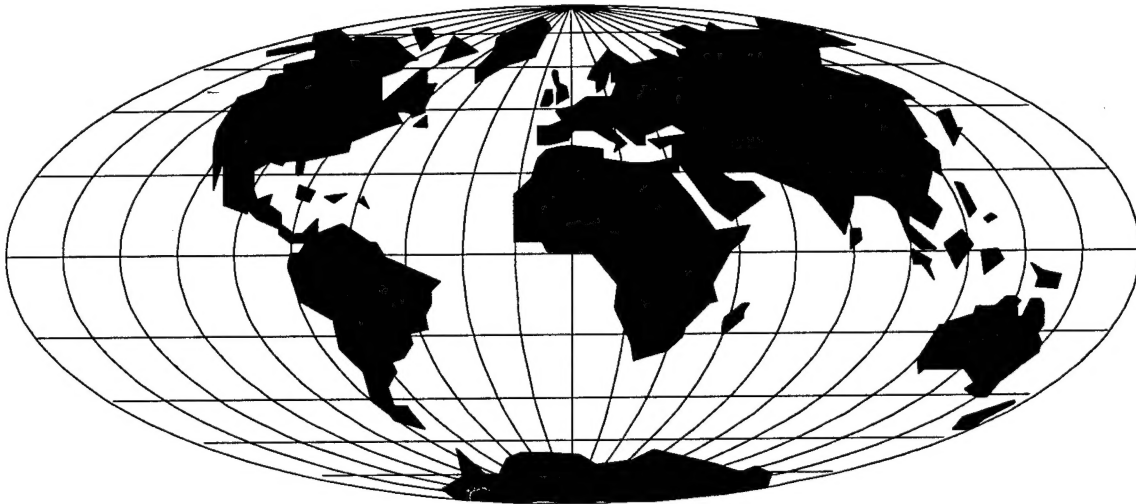


DEFENSE HEALTH PROGRAM



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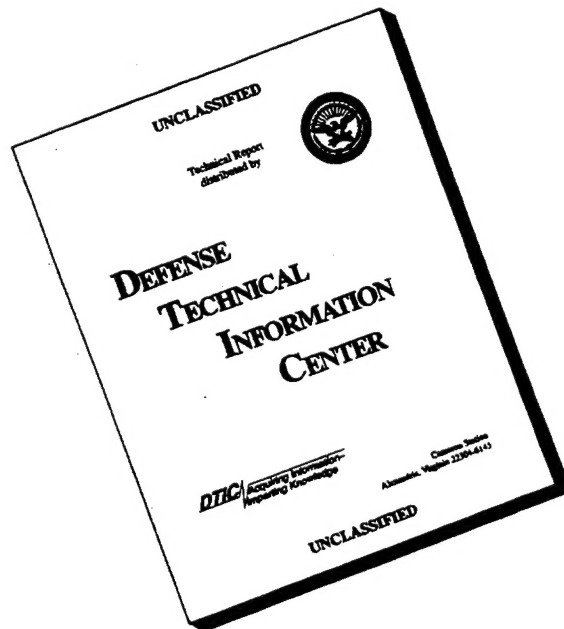
FY 1997 Budget Estimates Report on Information Technology

The Defense Health Program spans the globe to support the Department of Defense's most important resource--active and retired military members and their families.

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**DEFENSE HEALTH PROGRAM
Report on Information Technology Systems
FY 1997 BUDGET ESTIMATES**

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**DEFENSE HEALTH PROGRAM
EXECUTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

The medical mission of the Department of Defense (DoD) is: (a) to maintain and provide readiness, to provide medical services and support to the armed forces during military operations; and (b) to provide medical services and support to members of the armed forces, their dependents, and other beneficiaries entitled to DoD health care. The Military Health Services System (MHSS) Automated Information System (AIS) program is designed to provide health care professionals, managers and administrators at all levels with reliable, responsive, high-quality electronic data integration and information support needed to effectively treat patients and manage the cost and quality of health care delivery. The MHSS AIS program consists of existing or planned medical AISs representing DoD candidate migration systems, Service-wide systems, and Service-specific systems, as well as overall program infrastructure support activities.

Resources associated with the Department's medical mission are consolidated under the Office of the Assistant Secretary of Defense (Health Affairs) (OASD (HA)). Funding for our Operation and Maintenance and Procurement requirements are provided by one appropriation; the Defense Health Program (DHP) appropriation.

The OASD(HA) has initiated steps to streamline functional processes, eliminate redundancy, and standardize where possible, basing investment decisions on a clear return on investment or functional economic analysis (FEA). It is OASD (HA) policy that all medical AISs will be justified as part of a FEA that considers standard improved business practices and multi-service applicability. It is also OASD (HA) policy that standard medical AISs be developed and/or procured centrally through the OASD (HA) or a designated executive agent. Once the need for a standard or migration system for a functional area has been identified, non-standard systems in that functional area may not be procured without the specific written approval of the OASD (HA). Rigorous periodic AIS program reviews are used to validate budget estimates and projected economics against planned program goals, and to factor in AIS mission policy changes. All major AISs are in accordance with DoD life cycle management policy.

Major Initiatives:

Composite Health Care System (CHCS): The Composite Health Care System (CHCS) is a highly-integrated hospital information system which connects all departments, wards, and outlying clinics. CHCS represents a standard for medical information management. Designed as an integrated modular program, the system can be installed and expanded as a facility's needs grow. It automates and integrates functions of inpatient and outpatient care in: patient administration, patient appointment and scheduling, radiology, pharmacy, laboratory, order entry/results reporting, management reporting, and credentialing/facility quality assurance. During the period FY 1995 through FY 1997 CHCS version 4.5 and 4.6 will be deployed. Other initiatives include replacement of the Automated Quality of Care Evaluation Support System and Tri-Service Pharmacy System and deployment of the Diagnosis-Related Group (DRG) Billing to all sites. Full upgrade to Milestone IIIA capabilities will also be accomplished.

Defense Medical Logistics Standard System (DMLSS): The DMLSS will support the MHSS in peacetime as well as wartime/contingency, standardize intra-hospital and corporate data and processes, reduce time that direct care providers and other health care personnel spend on logistics activities, and achieve integration and effective communication with other standard DoD systems. Accomplishments for this period include deployment of Prime Vendor Pharmacy and Medical/Surgical, Product and Price Comparison, and Forward Customer Support modules. DMLSS Releases 2 through 4 will be completed. Approximately 68 percent of DMLSS will be developed.

Ambulatory Data System (ADS): The ADS (formerly Ambulatory Data Collection System (ADCS)) is designed to improve the ability of MHSS to deliver high quality and readily accessible ambulatory health care at least cost, efficiently collect diagnosis, procedure and disposition information needed for decision-making regarding quality, access and cost in order to plan, provide and evaluate ambulatory care. During early FY 1995 ADS was tested at select medical treatment facilities (MTF). It will then be deployed to 146 CONUS MTFs, supporting all 12 TRICARE Regions and the alternate financing processes used with our Managed Care Contracts. OCONUS deployment is anticipated during this period upon resolution of copyright issues.

Clinical Information System (CIS): CIS is a new system. It is a COTS AIS that integrates with physiological monitoring and automated medical instruments to provide automated support for interdisciplinary clinical processes and documentation. Efforts during this period are the completion of model documentation, installation of prototype at selected test sites and continued deployment of clinical initiatives.

Composite Health Care System II/Clinical Integrated Workstation (CHCS II/CIW): CHCS II/CIW is a new system. It will be the patient-focused information management system that will capture, provide, and protect all information needed to deliver health care to DoD beneficiaries everywhere through a computerized patient record (CPR). CIW, as Phase I of CHCS II, will develop a clinical capability supporting the creation, access, manipulation and sharing of integrated clinical data for health care providers throughout the MHSS. During this period a Concept of Operations and Functional Economic Analysis will be completed. Further, the CIW prototype will be deployed to up to 2,000 users in the National Capitol Region.

Corporate Executive Information System (CEIS): The CEIS is also a new system. It is an Executive Information System (EIS)/Decision Support System (DSS) design to satisfy the information needs of TRICARE and MTF managers within an MHSS architectural framework. The proposed system focuses on a distributed client-server processing architecture with data readily available to MTF and Lead Agents. The technical solution is further based on COTS products and an open systems database to exploit industry developed products. The solution will also reuse legacy system hardware/software where possible. A Concept of Operations, Functional Economic Analysis and Business Process Review will be completed. Deployment of CEIS NT (Near Term) will be accomplished to all Regions, Headquarters, and OCONUS facilities. Production of Phase II (Far Term) will begin in FY 1997.

Defense Enrollment Eligibility Reporting System (DEERS): PBD 071 of 1 December 1994, functionally transferred the DEERS program office from the Defense Medical Systems Support Center (DMSSC) to Defense Manpower Data Center (DMDC). Funding for the outyears has been adjusted to reflect this change.

Management Process Validation:

DHP CIM activities include reengineering business processes, developing functional requirements and performance measures, and performing functional economic analyses.

DHP is also developing standard data elements and activity models for Health Affairs which are being integrated into the DoD Data Dictionary and DoD Enterprise Activity model. These, along with other products are being used to convert legacy systems into migration systems for the purpose of meeting the MHSS integration requirement.

The DHP performs information technology life cycle management functions, including cost benefit analyses and FEAs, in compliance with OSD and Office of Management and Budget (OMB) guidance. The Defense Medical Program Activity (DMPA) component of the DHP contains funds for the standard systems developed and maintained centrally in support of the military medical programs. In performing life cycle management functions in accordance with OSD and Command, Control Communications and Intelligence (C³I) guidance, the DMPA (1) develops, implements and monitors the management

infrastructure for the accomplishment of corporate Information Management (IM) objectives within the MHSS; (2) conducts strategic business planning within the MHSS; (3) conducts strategic information planning within the MHSS and, (4) executes program oversight, analysis and evaluation of the MHSS information systems program and oversees execution of the automated information systems migration program. As part of this effort, DMPA conducts milestone reviews of all systems. In addition, CHCS and DMLSS are under MAISRC review. To obtain cost-benefit analysis for DHP major systems, contact the Office of the Assistant Secretary of Defense, Health Affairs (OASD (HA)), Health Budgets and Programs, Room 2E267, The Pentagon, (703) 693-1793.

Explanation of Increases and Decreases:

In comparison to our last President's Budget, a variance of \$141.9M, \$136.6M, and \$13.4M for FY 1995, 1996 and 1997 respectively, is noted. This is results from several factors. First, additional funding was dedicated to accelerate deployment of several systems. The Defense Medical Logistics Standard System was accelerated to realize projected savings from further deployment and module development. Likewise, the Ambulatory Data System received additional funding for full deployment in all TRICARE Regions to enhance the ability of our medical treatment facilities to capture detailed ambulatory patient data. Several new systems were also initiated. These are the Clinical Information System, Corporate Executive Information System, and the Composite Health Care System II/Clinical Integrated Workstation. Each system's unique functionality for these new systems are noted above. Finally, "All Other Health" costs for Development and Modernization and Current Services reflect increased growth for this period. These costs are for minor systems that are less than the \$10M reporting threshold and general administrative costs. Increases in cost for FY 1995 and 1996 are attributable to hardware purchases/leases, software purchases/leases and support services.

When comparing this submission's fiscal years, funding is reduced from FY 1996 to FY 1997 by \$182.9M. This results from reduced FY 1997 requirements based on acceleration of systems in FY 1995 and 1996, such as CHCS software development ending with Version 4.5, and reduced hardware and support service requirements. Our overall reduced funding profile for the Defense Health Program is also a factor. Each system is being evaluated and prioritized for funding. For example, the new systems noted above are currently not programmed to receive any Development and Modernization funding for FY 1997. Funding may become available during the execution year to meet these shortfalls.

DEPARTMENT OF DEFENSE
 Defense Health Program
 Report on Information Technology (IT) Resources
 FY 1997 Budget Estimates
 (Dollars in Thousands)

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
1. Equipment			
A. Capital Purchases	105,036	72,200	52,656
B. Purchases/Leases	56,663	48,251	22,224
Subtotal	<u>161,699</u>	<u>120,451</u>	<u>74,880</u>
2. Software			
A. Capital Purchases	2,434	4,686	3,861
B. Purchases/Leases	23,962	20,731	10,589
Subtotal	<u>26,396</u>	<u>25,417</u>	<u>14,450</u>
3. Services			
A. Communications	37,931	39,535	41,008
B. Processing	7,411	349	298
C. Other	4,135	4,121	1,809
Subtotal	<u>49,477</u>	<u>44,005</u>	<u>43,115</u>
4. Support Services			
A. Software	67,146	76,067	25,791
B. Equipment Maintenance	29,091	33,282	35,954
C. Other	108,300	169,043	97,447
Subtotal	<u>204,537</u>	<u>278,392</u>	<u>159,192</u>
5. Supplies	10,095	9,607	9,184
6. Personnel (Compensation/Benefits)			
A. Software	22,035	20,893	19,287
B. Equipment Maintenance	450	0	0
C. Processing	7,862	6,429	6,606
D. Communications	0	0	0
E. Other	20,442	19,421	16,894
Subtotal	<u>50,789</u>	<u>46,743</u>	<u>42,787</u>
7. Other (Non-FIP Resources)			
A. Capital Purchases	0	225	225
B. Other Current	32,266	24,605	22,814
Subtotal	<u>32,266</u>	<u>24,830</u>	<u>23,039</u>
8. Intra-Governmental Payments			
A. Software	5,573	706	718
B. Equipment Maintenance	2,130	3,288	3,393
C. Processing	12,280	12,113	12,204
D. Communications	6,716	6,337	5,660
E. Other	7,579	7,758	6,728
Subtotal	<u>34,278</u>	<u>30,202</u>	<u>28,703</u>
9. Intra-Governmental Collections			
A. Software	19	10	6
B. Equipment Maintenance	0	0	0
C. Processing	3	0	0
D. Communications	0	0	0
E. Other	68,623	69,492	70,850
Subtotal	<u>68,645</u>	<u>69,502</u>	<u>70,856</u>
NET IT RESOURCES	<u>638,182</u>	<u>649,149</u>	<u>466,206</u>
Workyears	1,419	1,293	1,173
Non-DBOF	1,419	1,293	1,173
DBOF	0	0	0

DEPARTMENT OF DEFENSE
Defense Health Program
Report on Information Technology (IT) Resources
FY 1997 Budget Estimates
(Dollars in Thousands)

<u>Appropriation/Fund</u>	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
0130 Def Health Prog	638,182	649,149	466,206
Total By Appropriation:	638,182	649,149	466,206

NOTE 1: Military Personnel Cost in the DBOF is computed at the equivalent civilian rate as prescribed by the DBOF Guidance.

NOTE 2: FY 1995 estimates reflect a \$50 thousand investment/expense threshold, FY 1996 reflects a \$100 thousand investment/expense threshold as adjusted by Congress (Section 8065 in Public Law 104-61), and for FY 1997, appropriated funds will adhere to the centrally managed criteria in that the Department will budget for the purchase of noncentrally managed items (by definition installation/local level type items) in the O&M appropriation regardless of the unit cost of the item. DBOF will maintain the \$100 thousand threshold for FY 1997 and beyond.

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Defense Health Program
Information Technology Resources by CIM Functional Area
FY 1997 Budget Estimates
(Dollars in Thousands)

	FY 1995	FY 1996	FY 1997
A. Health			
1. Major Systems/Initiatives			
Composite Health Care System (CHCS)			
Development/Modernization	118,032	89,111	54,178
Current Services	79,636	97,595	102,916
Subtotal	197,668	186,706	157,094
Appropriation/Fund			
Def Health Prog	197,668	186,706	157,094
Defense Medical Logistics Standard Support			
Development/Modernization	17,355	24,816	15,687
Current Services	2,397	5,336	5,048
Subtotal	19,752	30,152	20,735
Appropriation/Fund			
Def Health Prog	19,752	30,152	20,735
2. Non-Major Systems/Initiatives			
Ambulatory Data System (ADS)			
Development/Modernization	27,475	17,759	14,205
Current Services	66	2,200	0
Subtotal	27,541	19,959	14,205
Appropriation/Fund			
Def Health Prog	27,541	19,959	14,205
CHCS II/Clinical Integrated Workstation (CIW)			
Development/Modernization	2,463	15,948	0
Subtotal	2,463	15,948	0
Appropriation/Fund			
Def Health Prog	2,463	15,948	0
Clinical Information System (CIS)			
Development/Modernization	4,205	14,360	0
Current Services	120	0	0
Subtotal	4,325	14,360	0
Appropriation/Fund			
Def Health Prog	4,325	14,360	0
Corporate Executive Information Systems (CEIS)			
Development/Modernization	3,148	15,383	0
Current Services	9,142	7,850	6,139
Subtotal	12,290	23,233	6,139
Appropriation/Fund			
Def Health Prog	12,290	23,233	6,139
Defense Enrollment and Eligibility Reporting			
Development/Modernization	1,000	0	0
Current Services	17,105	0	0
Subtotal	18,105	0	0
Appropriation/Fund			
Def Health Prog	18,105	0	0
3. All Other Health			

DEPARTMENT OF DEFENSE
Defense Health Program
Information Technology Resources by CIM Functional Area
FY 1997 Budget Estimates
(Dollars in Thousands)

	FY 1995	FY 1996	FY 1997
Development/Modernization	107,154	59,674	27,894
Current Services	248,884	299,117	240,139
Subtotal	356,038	358,791	268,033
Appropriation/Fund			
Def Health Prog	356,038	358,791	268,033
Development/Modernization	107,154	59,674	27,894
Current Services	248,884	299,117	240,139
Subtotal	356,038	358,791	268,033
Appropriation/Fund			
Def Health Prog	356,038	358,791	268,033
4. Total Health			
Development/Modernization	280,832	237,051	111,964
Current Services	357,350	412,098	354,242
Subtotal	638,182	649,149	466,206
Appropriation/Fund			
Def Health Prog	638,182	649,149	466,206
Development/Modernization	280,832	237,051	111,964
Current Services	357,350	412,098	354,242
Subtotal	638,182	649,149	466,206
Appropriation/Fund			
Def Health Prog	638,182	649,149	466,206
CIM Grand Total			
Development/Modernization	280,832	237,051	111,964
Def Health Prog	280,832	237,051	111,964
Current Services	357,350	412,098	354,242
Def Health Prog	357,350	412,098	354,242
Total	638,182	649,149	466,206
Appropriation/Fund			
Def Health Prog	638,182	649,149	466,206
Development/Modernization	280,832	237,051	111,964
Def Health Prog	280,832	237,051	111,964
Current Services	357,350	412,098	354,242
Def Health Prog	357,350	412,098	354,242
Total	638,182	649,149	466,206
Appropriation/Fund			
Def Health Prog	638,182	649,149	466,206

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS Title and Number: CHCS - Composite Health Care System

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life-cycle cost:	
Approved Estimate:	2,131.2
Current Estimate:	2,796.8

Program cost:	
Approved Estimate:	1,031.4
Current Estimate:	1,420.5

2. Constant base year dollars (FY86)

Life-cycle cost:	
Approved Estimate:	1,578.0
Current Estimate:	2,039.3

Program cost:	
Approved Estimate:	839.2
Current Estimate:	1,106.8

3. Sunk cost (FY95 included): 1,292.0

4. Cost to complete: 839.2

D. Cross Reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

Through the CHCS, medical data processing capabilities are being acquired to assist the health care providers and administrators with the management and delivery of quality care to all DoD health care recipients. The CHCS provides flexible medical data processing capabilities for DoD medical treatment facilities (MTFs). The integrated hardware and software architecture is fully scaleable to support the range of DoD medical facilities, from small stand-alone facilities to large regional medical centers.

The functional baseline approved by the Major Automated Information System Review Council (MAISRC) in March 1984 supports the following areas:

- Registration of patients into one data base
- Patient Appointment and Scheduling (PAS)
- Patient Administration (PAD)
- Nursing (NRS)
- Pharmacy (PHR)
- Laboratory (LAB)
- Integration with other standard DoD and Military Department (MILDEP) Automated Information Systems (AISs)
- Radiology (RAD)
- Clinical Dietetics (DTS)
- Quality Assurance (QA)
- Electronic Mail
- Inpatient/ Outpatient Order Entry (OE) and Results Reporting)
- Defense Enrollment Eligibility Reporting System (DEERS) checking

The major technical design objectives are:

- Ease of use;
- Minimal program risk;
- Ease of maintenance;
- Flexible system configurations to support future enhancements;
- Ease of operation;
- Appropriate system security;
- Scalability (small to large);
- Availability greater than 99%; and
- Adequate performance from the users' perspectives.

F. Program Accomplishments and Plans:

Program Milestones:

Milestone II Approval	March 1988
MAISRC In Process Review	May 1991
Milestone IIIA Decision	May 1992
MAISRC In Process Review	February 1993
Milestone IIIB Decision	September 1994
Milestone IV Review	TBD
Milestone V Review	TBD

FY95 Accomplishments:

- Install Maintenance Update (MU) for software Version 4.4 (completed);
- Install AP COTS package at alpha sites in accordance with Congressional direction (42% completed);
- Install DSS at two alpha sites (completed);
- Deploy Diagnosis-Related Group (DRG) Billing to all sites;
- Install CHCS software version 4.4;
- Install MU for software version 4.4;
- Replace Automated Quality of Care Evaluation Support System (AQCESS)/Tri-Service Pharmacy System (TMPS);
- Continue Round-Ups to Milestone IIIA functionality; and
- Develop, test, and deploy new high end and mid-range platforms.

FY96 Planned Program:

- Install CHCS software version 4.5;
- Complete development of software version 4.6; and
- Continue Milestone III Round-Up;
- Support Lead Agent/Managed Care initiatives;
- Appha Installation of IPOE;
- Support Theater initiatives; and
- Implement VA/DoD cooperative initiatives

FY97 Planned Program:

- Complete Milestone III Round-Up;
- Deploy software version 4.6;
- Begin CHCS mid-life hardware upgrades;
- Support Theater initiatives; and
- Support Lead Agent/Managed Care initiatives.

G. Contracts Information:

- | | |
|---|---|
| • Contractor Defense Medical Information System/Systems Integration, Design, Development, Operations and Maintenance (D/SIDDOMS): | LOT I (4 Awards) |
| • Delegation of Procurement Authority: | Date: 2 May 1994 |
| • Scope of Contract: | Design, Development, Operations & Maintenance in Support of AIS Systems |
| • Contract Award Date: | 17 March 1995 |
| • Contract Completion Date: | 16 March 2000 |
| • Contract Type: | CPFF, IDIQ |
| • Contract Duration: | 1 Base Year, 4 Option Years |
| Awardees: | American Management Systems, Inc. (AMS)
Electronic Data Systems (EDS)
Planning Research Corporation, Inc. (PRC)
SAIC |
-

- | | |
|--|------------------------------------|
| • Contractor (D/SIDDOMS): | LOT II (1 Award); Northrop Grumman |
| • Delegation of Procurement Authority: | Date: 2 May 1994 |
| • Scope of Contract: | Systems Integration |
| • Contract Award Date: | 1 January 1995 |
| • Contract Completion Date: | 31 December 1999 |
| • Contract Type: | CPFF, IDIQ |
| • Contract Duration: | 1 Base Year, 4 Option Years |
-

• Contractor (D/SIDDOMS):	LOT III (4 Awards)
• Delegation of Procurement Authority:	Date: 2 May 1994
• Scope of Contract:	Studies & Analyses
• Contract Award Date:	31 March 1995
• Contract Completion Date:	30 March 2000
• Contract Type:	CPFF, IDIQ
• Contract Duration:	Base Year, plus four (4) Option Years
Awardees:	Birch & Davis Associates, Inc. Solon Consulting Group United Health Care Corp. Vector Research, Inc.

H. Comparison with FY96 Description Summary:

1. Technical Changes: No changes from last submission.
2. Schedule Changes: No changes from last submission.
3. Cost Changes:

FY 1995/FY 1995: Cost changes less than 15%.

FY 1996/FY 1996: Reflects a \$24M reduction resulting from realignment of funding for work performed on other contracts for CHCS requirements, shifting of funds for other system priorities, and PDM II reductions.

FY 1997/FY 1997: Cost changes less than 15%.

FY 1995/FY 1996: A net reduction of \$10.9M results from an overall reduction in Development and Moderation efforts of \$28.9M. This is based on reduced software design and development, software procurement (COTS, Commo, Operating) and hardware procurement. This value is offset by a Current Services increase of \$18.0M which reflects the increased requirement for hardware/software maintenance, customer services, and communications services after deployment of version 4.4.

FY 1996/FY 1997: The net reduction of \$29.6M reflects a decrease in Development and Moderation of \$34.9M. This results from reduced requirements determination, software design and development management, hardware procurement and site preparation with completing the installation of version 4.5 and software development of version 4.6. Internal priorities redistributed \$7.4M to other systems while \$3.9M resulted from PDM II reductions. Current Services increased by \$5.3M resulting from increased program management hardware/software maintenance.

Approved Estimates for Life Cycle Costs and Program Costs are unchanged from last President's Budget

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS Title and Number: DMLSS - Defense Medical Logistics Standard Support System

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life-cycle cost:

Approved Estimate: 276.4

Current Estimate: 428.0

Program cost:

Approved Estimate: 172.8

Current Estimate: 324.8

2. Constant base year dollars (FY95)

Life-cycle cost:

Approved Estimate: 135.7

Current Estimate: 288.2

Program cost:

Approved Estimate: 72.8

Current Estimate: 288.2

3. Sunk cost (actual thru FY95): 85.3

4. Cost to complete (then year): 191.1

D. Cross Reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program

PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

The mission of Medical Logistics is to provide responsive support at the most reasonable cost to meet the mission objective of sustaining a total quality force, both active and reserve. There are two significant automation components of the Medical Logistics Functional Product Improvement Program (MLFPIP) and DMLSS program:

Minor MLFPIP AIS projects to support: proofs of concepts; validation and rapid implementation of high payback business process improvements; data standardization that moves legacy systems toward target data architecture; and development of selected DMLSS functionalities. The MLFPIP emphasis is on quickly demonstrating, validating, and implementing business process improvements that significantly reduce costs, improve Medical Logistics support, or reduce risks associated with DMLSS AIS development. Under the MLFPIP, development of new/replacement Department of Defense (DoD)

standard major AIS occurs after a thorough analysis and change of business practices, activities, and data in the functional area.

The major DMLSS AIS will replace one DoD Health Affairs and seven large Service unique AISs (legacy systems) and incorporates many of the interim minor MLFPIP AIS projects. The DMLSS AIS program is the major AIS to support the Medical Logistics functional area. The scope of the mission encompassed by the DMLSS AIS is the management of facilities, technology, supplies, and services required to support The Military Health Services System (MHSS). The DMLSS AIS will support the MHSS in peacetime as well as wartime/contingency, standardize intra-hospital and corporate data and processes, reduce time that direct care providers and other health care personnel spend on logistics activities, and achieve integration and effective communication with other standard DoD systems. The DMLSS AIS will be developed in accordance with DoD life cycle management procedures in DoD Directive 8120.1.

The following portions of DMLSS will not get accomplished with the current funding:

Software Development will be limited to 85% of the DMLSS projected functionality. Each of the four DMLSS modules of Materiel, Equipment, Facilities and Forward Customer Support will have their functionality reduced by 10 to 25%.

Through FY00 Full Operating Capability (FOC) will not have been achieved in 31 of the 111 Medical Treatment Facilities (MTFs) planned to receive DMLSS.

All field units in all Services. This includes approximately 136 units.

31 of 111 MTFs will not have received the hardware and software associated with Release 5 of DMLSS.

The following legacy systems will stay in operation after FY 2001: TAMMIS-MEDSUP, TAMMIS-MEDMAINT, TAMMIS-MEDASM, AMMEDPAS, Air Force MEDLOG, Navy PMBS, Navy Micro-MIC at clinics, Navy BIOFACS, and Navy APS.

F. Program Accomplishments and Plans:

1. FY95 Accomplishments: New Deployments Completed:
 - Prime Vendor Pharmacy to 170 sites
 - Prime Vendor Medical/Surgical to 147 sites
 - Product and Price Comparison to 230 sites
 - Forward Customer Support (FCS) to 6 test sites
 - FCS (Conditional Deployment) to 2 sites
 - NOTE: DMLSS server now at 8 of 111 MTFs

System Development:

- Prime Vendor (PV) 90% complete
- Materiel Management (MM) Increment 1 (FCS) 90% complete
- FM Increment 1 complete
- DMLSS Release 1 95% complete
- NOTE: 20% DMLSS development now complete; 6% done in FY95.

2. FY96 Planned Program: New Deployments:
FCS (Conditional Deployment) to 15 sites
DMLSS Release 1 to 24 sites
NOTE: DMLSS server now at 45 of 111 MTFs;
30 to be deployed in FY96.

Retrofits:
DMLSS Release 2 to 6 test sites
DMLSS Release 1 to 15 FCS sites

System Development:
Materiel Management 2 to be completed
Facility Management 2 to be completed
Equipment Maintenance and Technology DMLSS Release 2
to be completed
NOTE: 46% DMLSS development now complete; 21.5%
to be done in FY96.

3. FY97 Planned Program: New Deployments:
DMLSS Release 2 to 9 sites
DMLSS Release 3 to 6 test sites
DMLSS Release 3 to 6 sites
DMLSS Release 4 to 6 test sites
NOTE: DMLSS server planned for 60 of 111 MTFs; 15 to be
deployed in FY97.

Retrofits: None.

System Development:
Material Management 3 complete
Equipment and Technology Management ongoing
DMLSS Release 3 to be completed
DMLSS Release 4 to be completed
NOTE: 67.5% DMLSS development to be completed;
21.5% to be done in FY97. To be determined:
Percent funded by Services for field units.

*Conversion of DMLSS Terminology:
DMLSS Release 1 equals Materiel Management (MM)1 (Forward Customer Support) plus Facilities
Management (FM)1
DMLSS Release 2 equals Release 1 plus MM2 (Customer Area Inventory Management (CAIM))
DMLSS Release 3 equals DMLSS release 2 plus FM2
DMLSS Release 4 equals DMLSS Release 3 plus MM3
DMLSS Release 5 equals DMLSS Release 4 plus Equipment Management and Technology Management
(EM&TM)

G. Contracts:

Prime Contractor:	Systems Integration, Design, Development, Operations, and Maintenance Services (SIDDOMS) (Electronic Data Systems)
Involvement:	Support for rapid prototyping, systems design and development, deployment, operations and maintenance
Type of Obligation:	Cost Plus Fixed Fee
Performance:	On schedule, at budget

H. Comparison with FY96 Description Summary:

1. Technical Changes: No technical changes from last submission.
2. Schedule Changes: Projected deployments will increase by approximately 4% in FY96 and decrease by approximately 5% in FY97 from the President's Budget submission.

3. Cost Changes:

FY 1995/FY 1995: Change is less than 15%.

FY 1996/FY 1996: Reflects increased funding of \$7.1M for deployment of the Forward Customer Support Increment 1.1 to an additional 15 sites, Customer Area Inventory Management to an additional 60 sites and a price comparison of a COTS package.

FY 1997/FY 1997: Change is less than 15%.

FY 1995/FY 1996: Reflects an increase of \$10.4M for increased funding for expanded requirements determination, software development for material increment, expanded use of the DASH hardware contract, and additional deployment support at deployment sites.

FY 1996/FY 1997: The net funding reduction of \$9.4M results from reduced requirements for program management, fewer requirements determination and software development, and less hardware acquisition and deployments. These reductions results from FY 1996 investments. Accordingly, customer support and hardware and software maintenance reflect increased costs based on increased fielded activities.

Approved Estimates for Life Cycle Costs and Program Costs are unchanged from last President's Budget.

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS title and Number: ADS - Ambulatory Data System
(Formerly: ADCS - Ambulatory Data Collection System)

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life-cycle cost:	
Approved estimate:	140.3
Current estimate:	123.8

Program cost:	
Approved estimate:	83.2
Current estimate:	153.3

2. Constant base year (FY 93 dollars)

Life-cycle cost:	
Approved estimate:	59.9
Current estimate:	59.9

Program cost:	
Approved estimate:	54.3
Current estimate:	112.0

3. Sunk cost (actual): 43.2

4. Cost to complete: 97.1

D. Cross Reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

Improve ability of Military Health Service System to deliver high quality and readily accessible ambulatory health care at least cost; efficiently collect diagnosis, procedure and disposition information needed for decision-making regarding quality, access and cost in order to plan, provide and evaluate ambulatory care, collect essential health care information (ambulatory, inpatient, preventive, etc.) for inclusion in a single complete health record as a by-product of work; begin phased implementation of case-mixed, acuity-sensitive, DRG type resource allocation mandated by Congress. Provide for developing risk-adjusted utilization estimates for ambulatory care; such capability is currently available and critical to the success of managed care.

Pending development of the Clinical Integrated Workstation (CIW), this interim system uses existing technology to obtain patient demographics, patient insurance, appointment and provider information from CHCS and adds diagnoses and procedures that are coded to industry standards, plus patient disposition. The resulting data is entered once for use many times. The data collection vehicle is a machine-scanned form based on master bills currently used in private medical practice to accomplish:

- Coding all patient encounters (demographic, diagnosis, treatment details).
- Collecting data once; data readily accessible for many uses.
- Facilitate patient-specific costing and evaluation.
- Employ unique patient identification code number, label.
- Improve measures of outcomes and epidemiological trend assessments.
- Facilitate case management and managed care practices.

The long term requirements defined by the Ambulatory Data System have been incorporated in CIW.

F. Program Accomplishments and Plans:

1. FY 95 Accomplishments: The development of the deployable software baseline for the interim Ambulatory Data System (ADS) was completed in FY 95. This version of the software was tested at 48 selected clinics at 8 Medical Treatment Facilities. Full deployment was initiated and ADS was operational in all clinics in 3 Medical Treatment Facilities by year end. Long term ADCS requirements were incorporated in Clinical Integrated Workstation.
2. FY 96 Planned Program: Implementation of the interim system has been expanded from 79 CONUS facilities to 146 CONUS facilities plus satellite facilities. As of 30 January 1996, the interim software was operational in over 100 clinics in 25 CONUS facilities. OCONUS deployment is pending resolution of copyright issues prohibiting OCONUS use of Current Procedural Terminology.
3. FY 97 Planned Program: Current schedules for ADS have identified 43 OCONUS MTFs plus satellite deployment during FY 97.

G. Contracts Information:

Prime Contractor:	Systems Research and Applications Corporation
Involvement:	Requirements definition
Type of Obligation:	CPFF/DO
Performance:	N/A

H. Comparison with FY 96 Description Summary:

1. Technical Changes:
Long term ADS requirements have been assumed by CIW. Interim system uses machine-scanned form as data collection vehicle.
2. Schedule Changes:
Accelerated deployment of ADS to MTFs in Regions 1, 2, & 5 by April 1996 has been mandated. Then expansion of interim system deployment plans from 79 CONUS MTFs to all CONUS sites and OCONUS sites by December 1996 is contingent on resolution of OCONUS copyright issues.

3. Cost Changes:

FY 1995/FY 1995: Development and Modernization increases of \$23.4M are noted. This results from initial deployment of ADS to selected CONUS sites.

FY 1996/FY 1996: Reflects \$6.6M in Development and Modernization and \$2.2M in Current Services. The increase is attributable to increased deployment costs, hardware and management costs resulting from the accelerated deployment of ADS to TRICARE Regions 1, 2, & 5.

FY 1997/FY 1997: The \$3.2M reflects the Development and Modernization costs for the accelerated deployment of ADS to the remaining CONUS and OCONUS sites.

FY 1995/FY 1996: Reflects a decrease in Development and Modernization costs of \$9.7M resulting from the initial deployment of ADS to CONUS sites during FY 1995. Current Services reflect an increase of \$2.1M for additional hardware/software maintenance for new deployed systems.

FY 1996/FY 1997: Reduction of \$5.8M results from reduced deployment requirements from the one-time acceleration during FY 1995 and FY 1996. Expansion of this system is also planned from 79 CONUS medical treatment facilities (MTF) to all CONUS sites and OCONUS sites by December 1996 based on availability of execution year funding. This additional deployment is not reflected in these values.

Approved Estimates for Life Cycle Costs and Program Costs are unchanged from last President's Budget

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS Title and Number: Clinical Information System (CIS)

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars:

Life Cycle Cost:	
Approved Estimate:	109.2
Current Estimate:	101.7

Program Cost:	
Approved Estimate:	54.6
Current Estimate:	50.8

2. Constant base year (FY 95) dollars:

Life Cycle Cost:	
Approved Estimate:	95.9
Current Estimate:	89.1

Program Cost:	
Approved Estimate:	51.3
Current Estimate:	47.7

3. Sunk cost (actual): \$4.3

4. Cost to complete: \$104.9

D. Cross Reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

CIS is a COTS automated information system that integrates with physiological monitoring and automated medical instruments to provide automated support for interdisciplinary clinical processes and documentation. It currently supports a one way interface with CHCS to capture patient demographic data and laboratory results. Future plans include a two-way interface with CHCS and eventual migration into the CIW/CHCS II platform. The CIS database and hardware is open systems compliant and fully compatible with the MHSS LAN and WAN architecture.

F. Program Accomplishments and Plans:

- | | |
|---------------------------|---|
| 1. FY 95 Accomplishments: | Completed and staffed Integrated Inpatient Functional
Economic Analysis (IIFEA)
Developed CIS Functional and Technical Requirements |
|---------------------------|---|

Completed competitive selection and acquisition process for COTS CIS.
Approval Decision Package signed.

2. FY 96 Planned Program:

Establish and staff Program Office and complete PO documentation.
Complete process for Army as EA.
Complete DoD Clinical Documentation Model.
Install CIS at initial test sites (USAF Wright-Patterson and Pendleton Naval Hospital) and complete testing activities.
Complete initial benefits assessment.
Install CIS at Ft. Benning, Bethesda Naval Hospital, WRAMC, Malcolm Grow, and Ft. Belvoir.
Initiate deployment of clinical initiatives and development of CIS PO repository.

3. FY 97 Planned Program:

Conduct Program Office.
Complete on-going benefits assessment.
Install CIS at San Diego (1/2), Portsmouth, Eisenhower, Keesler, David Grant, Womack, Camp Lejeune, and Scott AFB.
Continue deployment of clinical initiatives and maintenance of CIS PO repository.

G. Contract Information:

Work will be accomplished utilizing a blend of contractor and government furnished resources. Existing contract vehicles within Health Affairs are being used for expediency and effectiveness. The CIM contract is used to support the CIS program office. The D/SIDDOMS contract is used to acquire the CIS system for the initial sites, testing of the CIS, and throughout the life cycle of the project. The DASH contract is used to procure the CIS until the second quarter of FY 96, then the SHARP contract will be used.

H. Comparison with FY 1996 Descriptive Summary:

1. Technical Changes: New system .
2. Schedule Changes: New system.
3. Cost Changes:

FY 1995/FY 1995: Not reviewed in last President's Budget.

FY 1996/FY 1996: Not reviewed in last President's Budget.

FY 1997/FY 1997: Not reviewed in last President's Budget.

FY 1995/FY 1996: Increased Development and Modernization funding of \$10M reflects completion of model documentation, installation at test sites, and initial deployment of clinical initiatives.

FY 1996/FY 1997: Funding not currently programmed for FY 97 based on overall IT funding reductions.

Because of being a new system, Approved Estimates for Life Cycle costs and Program Costs cannot be compared with our last President's Budget.

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS Title and Number: CHCS II/CIW - Composite Health Care System II/Clinical
Integrated Workstation

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life-cycle cost:
Approved Estimate: (1)
Current Estimate: 6,776.4

Program cost:
Approved Estimate: (1)
Current Estimate: 1,687.7

2. Constant base year dollars (FY96)

Life-cycle cost:
Approved Estimate: (1)
Current Estimate: 5,003.4

Program cost:
Approved Estimate: (1)
Current Estimate: 1,246.2

3. Sunk cost (FY95 included): 7.1 (2)

4. Cost to complete: 6,769.3

Note: (1) CHCS/CIW is a new system that is currently in the definition phase of life cycle management. Accordingly, "Approved" estimates are not available.

(2) "Cost to complete" for this analysis is Then Year Life Cycle Costs Current Estimate less Sunk Cost.

D. Cross reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

CHCS II/CIW is a new system. It will be the patient-focused information management system that will capture, provide, and protect all information needed to deliver health care to DoD beneficiaries everywhere through a computerized patient record (CPR). CIW, as Phase I of CHCS II, will develop a clinical capability supporting the creation, access, manipulation and sharing of integrated clinical data for health care providers throughout the MHSS.

The essential capabilities include:

- Standardized architecture
- Platform independence
- Standardized nomenclature/clinical lexicon
- User interface layer separated from data/application layers
- Tools for local customizing the foundational application
- Object oriented development
- Application Programmer Interfaces
- High bandwidth communications capability
- Modern database and transactional models
- Distributed data
- Single workstation on clinical user's desk
- Standardized data dictionary and models
- Integrated suite of user devices
- Standardized foundational application
- Common user interface and programming style guides
- Imaging and multimedia technologies
- Telemedicine/Teleconsulting initiatives
- Client server/distributed architecture

The major technical design objectives are:

- Ease of use;
- Minimal program risk;
- Ease of maintenance;
- Flexible system configurations to support future enhancements;
- Ease of operation;
- Appropriate system security;
- Scalability (small to large);
- Availability greater than 99%;
- Adequate performance from the users' perspectives;
- Leverage against current MHSS resources;
- Adherence to the MHSS architecture; and
- Integration of commodity-priced components (use of COTS/GOTS).

F. Program Accomplishments and Plans:

FY95 Accomplishments:

Develop Concept of Operations
Develop Milestone 0 and I
Develop CPR Preliminary Functional Economic Analysis (PFEA)

FY96 Planned Program:.

Complete Milestone 0 and I
Develop Concept of Operations
Develop CPR Benefits Framework
Develop/Complete CPR Preliminary Functional Economic Analysis (PFEA)
Develop FY98 Program Objective Memorandum (POM) Justification
Integrate with MHSS infrastructure planning
Continue Integration of API Requirements into CHCS Baseline
Coordinate Clinical CPR Activities with CIS, CEIS, CHCS, DMIM, et. al.
Integrate CIW-Lite with ADS (bubble-sheet) data and interface requirements
Incorporate NCR's Interoperability Requirements into CIW-Lite
Evaluate CIW-Inpatient (Tripler), CIW-Ambulatory (Scott) and CIW-Lite (Langley)
Deploy CIW-Lite to 60 users in the National Capitol Area (NCA), Summer '96
Evolve CIW-Lite to Support NCA/Region I TRICARE Interoperability Plan
Best of Breed Analysis; begin integration work with CIS (Clinicomp product)
Plan for Milestone II

FY 97 Planned Program:

Complete Milestone II
Continue Program Documentation
Evolve POM Justification
Complete Benefits Model
Develop FEA
Complete Long-term Architecture Specification
Complete Functional User Interface Design, Data and Object Models
Conduct Usability Studies
Test Clinical Functionality and Clinical Data Repository
Evaluate Accrued Benefits against Model
Complete Milestone III
Complete OT&E for CIW Prototype
Fully Deploy/Operationalize Prototype to Three Sites
Provide CIW-Lite to up to 2,000 users in the NCA by second quarter FY97
Develop integrated inpatient and outpatient CIW 1.0 prototype for operational testing
Continue Prototype Development

G. Contracts Information:

- | | |
|--|---|
| • Contractor (D/SIDDOMS): | LOT I (4 Awards) |
| • Delegation of Procurement Authority: | Date: 2 May 1994. |
| • Scope of Contract: | Design, Development, Operations & Maintenance in Support of AIS Systems |
| • Contract Award Date: | 17 March 1995 |
| • Contract Completion Date: | 16 March 2000 |
| • Contract Type: | CPFF, IDIQ |
| • Contract Duration: | 1 Base Year, 4 Option Years |

Awardees:

American Management Systems, Inc. (AMS)
Electronic Data Systems (EDS)
Planning Research Corporation, Inc. (PRC)
SAIC

-
- | | |
|--|------------------------------------|
| • Contractor (D/SIDDOMS): | LOT II (1 Award); Northrop Grumman |
| • Delegation of Procurement Authority: | Date: 2 May 1994 |
| • Scope of Contract: | Systems Integration |
| • Contract Award Date: | 1 January 1995 |
| • Contract Completion Date: | 31 December 1999 |
| • Contract Type: | CPFF, IDIQ |
| • Contract Duration: | 1 Base Year, 4 Option Years |
-

- Contractor (D/SIDDOMS): LOT III (4 Awards)
 - Delegation of Procurement Authority: Date: 2 May 1994
 - Scope of Contract: Studies & Analyses
 - Contract Award Date: 31 March 1995
 - Contract Completion Date: 30 March 2000
 - Contract Type: CPFF, IDIQ
 - Contract Duration: Base Year, plus four (4) Option Years
- Awardees:
- Birch & Davis Associates, Inc.
Solon Consulting Group
United Health Care Corp.
Vector Research, Inc.
-

H. Comparison with FY95 Description Summary:

1. Technical Changes: New system.
2. Schedule Changes: New system.
3. Cost Changes:

FY 1995/FY 1995: Not reviewed in last President's Budget.

FY 1996/FY 1996: Not reviewed in last President's Budget.

FY 1997/FY 1997: Not reviewed in last President's Budget.

FY 1995/FY 1996: Increase funding reflects the developmental phase of the system. CIW will be deployed to users in the National Capital Region.

FY 1996/FY 1997: Funding not currently programmed for FY 97 based on overall IT funding reduction.

Because of being a new system, Approved Estimates for Life Cycle costs and Program Costs cannot be compared with our last President's Budget.

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY1997 BUDGET ESTIMATES**

A. AIS Title and Number: (CEIS) Corporate Executive Information System

B. CIM functional Area:

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life Cycle Cost:	
Approved Estimate:	(1)
Current Estimate:	109.8

Program Cost:	
Approved Estimate:	(1)
Current Estimate:	23.9

2. Constant base year (FY 1995) dollars

Life Cycle Cost:	
Approved Estimate:	(1)
Current Estimate:	101.7

Program Cost:	
Approved Estimate:	(1)
Current Estimate:	23.88

3. Sunk Cost (actual): \$1.5 (does not include Legacy)

4. Cost to complete: \$108.3 (2)

Note: (1) CEIS is a new system that is currently in the definition phase of life cycle management. Accordingly, "Approved" estimates are not available.

(2) "Cost to complete" for this analysis is Then Year Life Cycle Costs Current Estimate less Sunk Cost.

D. Cross Reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Descriptions:

The CEIS is an Executive Information System (EIS)/Decision Support System (DDSS) designed to satisfy the information needs of TRICARE and MTF managers within an MHSS architectural framework. The system is intended to support the validated and approved clinical, including dental, financial, and management end-user needs. The system will build upon and replace eight Legacy Systems (DMIS, RCMAS, RAPS, MASS, MCQA, EIS, CMIS-PLUS, and TCSDB). The proposed system focuses on a distributed client-server processing architecture with data readily available to MTF and Lead Agents. The technical solution is further based on COTS products and an open systems database to take advantage of industry. The solution will also reuse legacy system hardware/software where possible. On 21 June 1995, the Army Surgeon General was officially designated as the Executive Agent for the Corporate Executive Information systems (CEIS). A contract was signed between the Army Surgeon

General and the Principal Deputy Assistant Secretary of Defense for Health Affairs to execute the mission according to the Army's written proposal, amendments, and agreements with the Navy and Air Force surgeon's General and the Deputy Secretary of Defense directive on Automated Information Systems.

F. Program Accomplishments and Plans.

- | | |
|--------------------------|--|
| 1. FY95 Accomplishments: | Army proposal selected by SSEB
Army designated as Executive Agent; contract assigned 6/21/95
Define valued functionality of legacy systems to migrate
Develop concepts and plans
Initiate Functional Economic Analysis (FEA)
Initiate design of Phase I CEIS (NT) Near Term |
| 2. FY96 Planned Program: | Train/Deploy Phase CEIS NT to Regions 2, 3, 5 and 11
Complete FEA; Functional Requirements Definition
Complete Business Processes Review
Design phase II CEIS FT (Far Term); Architectural Review
COTS Acquisition & Training |
| 3. FY97 Planned Program: | Continue design, alpha test CEIS FT
Begin training/deployment/operation of CEIS FT
Rollout CEIS NT to all remaining Regions, Headquarters & OCONUS
Production of CEIS FT |

G. Contract Information:

Work will be accomplished utilizing a blend of contractor and government furnished resources. Existing contract vehicles within Health Affairs and the Army MEDCOM will be utilized for expediency and effectiveness.

H. Comparison with FY 1996 Description Summary:

1. Technical Changes: None.
 2. Schedule Changes: None.
 3. Cost Changes:
 - FY 1995/FY 1995: Not reviewed in last President's Budget.
 - FY 1996/FY 1996: Not reviewed in last President's Budget.
 - FY 1997/FY 1997: Not reviewed in last President's Budget.
 - FY 1995/FY 1996: Increased funding of \$10.9M reflects maintenance of present legacy systems and development of Phase I and Phase II CEIS NT/FT.
 - FY 1996/FY 1997: Reduced funding results from overall IT budget reduction and realignment of MHSS funding priorities. Funding is currently sufficient for continuation of the legacy systems.
- Because of being a new system, Approved Estimates for Life Cycle costs and Program Costs cannot be compared with our last President's Budget.

**DEFENSE HEALTH PROGRAM
DESCRIPTIVE SUMMARY
FY 1997 BUDGET ESTIMATES**

A. AIS Title and Number: DEERS - Defense Enrollment Eligibility Reporting System

B. CIM Functional Area: Health

C. Life Cycle Cost and Program Cost (\$Millions):

1. Then year (inflated) dollars

Life-cycle cost:	
Approved Estimate:	348.5
Current Estimate:	348.5

Program cost:	
Approved Estimate:	150.4
Current Estimate:	150.4

2. Constant base year dollars (FY96)

Life-cycle cost:	
Approved Estimate:	N/A
Current Estimate:	N/A

Program cost:	
Approved Estimate:	N/A
Current Estimate:	N/A

3. Sunk cost (FY95 included): 72.3

4. Cost to complete: 276.2

D. Cross reference to Justification Books:

PE 807791 - Patient Care Support - O&M, Defense Health Program
PE 807721 - Replacement/Modernization - OP, Defense Health Program

E. System Description:

DEERS was transferred to the Defense Manpower Data Center (DMDC) during FY 1995 as a result of PBD 071 of 1 December 1994.

DEERS was mandated by Congress and implemented by DoD in 1979. Initially established to provide a single source of entitlement and demographic information on the Uniformed Services Beneficiary population, it has significantly expanded to support a wide variety of personnel and medical community interests. Access to DEERS data base is provided to over 11,000 medical, personnel, and fiscal intermediary users worldwide primarily through direct access user site terminals.

F. Program Accomplishments and Plans:

FY95 Accomplishments:
Add Organ and Tissue Donor field.
Add DNA field
Transition to DMDC.

FY96 Planned Program:
Complete transition to DMDC.

FY 97 Planned Program:
System managed by DMDC.

G. Contracts Information:

Prime Contractor:	Electronic Data Systems
Involvement:	DEERS prime contractor
Type of Obligation:	Combination FFP and CPFF
Performance:	On schedule

Secondary Contractor:	Minnesota Mining and Manufacturing Co.
Involvement:	Responsible for maintenance of digitization equipment located at DEERS Support Office
Type of Obligation:	FFP
Performance:	On schedule

H. Comparison with FY96 Description Summary: N/A

1. Technical Changes: None.
2. Schedule Changes: None.
3. Cost Changes:

FY 1995/FY 1995: A \$4.9M reduction reflects the actual cost of the system prior to the planned transfer.

FY 1996/FY 1996: Our last President's Budget submission did not program any FY96 funds based on planned transfer of system.

FY 1997/FY 1997: Our last President's Budget submission did not program any FY97 funds based on planned transfer of system.

FY 1995/FY 1996: No FY96 funding reflects transfer of system to DMDC.

FY 1996/FY 1997: N/A

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
Lead Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: Composite Health Care System (CHCS)

B. Description of Contract:

This contract provides for the design, development, and necessary modification of CHCS. The contract also provides for the deployment and operation of CHCS to include: site preparation, installation, operation, and maintenance. It also provides for delivery of CHCS for government testing, as well as initial and follow-up user training .

C. Contract Number: DAHC94-88-D-005

D. Estimated Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	49,894	7,871	0
• O & M	<u>109,531</u>	<u>81,752</u>	0
Total	159,425	89,623	0

E. Contract Data:

- (1) Contract awarded to: Science Applications International Corporation (SAIC)
- (2) Contract award date: 4 March 1988
Ending Date: February 1996 - Requirements picked up by D/SIDDOMS, a multiple contract vehicle designed to support Military Health Services System (MHSS) in support of automated information systems requirements, which will include CHCS.
- (3) Primary hardware - Digital Equipment Corporation VAX 4000/6000 series
Intel Corporation 486 based personal computers

Primary software - Digital Equipment Corporation VAX 4000/6000 series
- (4) Contract duration: 5 months
- (5) Estimated value of contract: \$1.1 billion
- (6) Minimum obligation: There is no minimum order quantity or minimum obligation on this contract.

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
Lead Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: Defense Medical Information System/Systems Integration, Design, Development, Operations and Maintenance (D/SIDDOMS), Lot I

B. Description of Contract:

The Lot I contracts provide systems analysis services, system design and development support, software development services, procurement and deployment software in support of system implementation, installation and conversion support, customer support, training support, system operations and maintenance support, procurement specification development for systems, and data acquisition support.

C. Contract Number: PRC, Inc. DASW01-95-002, American Management Systems, Inc. DASW01-95-D-0023, Electronic Data Systems, DASW01-95-D-0024, Science Applications International Corporation, DASW01-95-0025.

D. Estimated Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY1996</u>	<u>FY1997</u>
• Procurement	0	0	0
• O & M	<u>60,000</u>	<u>106,982</u>	<u>176,878</u>
Total	60,000	106,982	176,878

E. Contract Data:

- (1) Contract awarded to: American Management Systems, Inc., Electronic Data Systems, Inc., Science Applications International Corporation.
- (2) Contract award date: March 1995
- (3) Primary hardware - N/A
Primary software -
- (4) Contract duration: 5 year
- (5) Estimated value of contract: \$343M
- (6) Minimum obligation: There is no minimum order quantity or minimum obligation on this contract.

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

- A. Contract Name: Common Hardware/Software
- B. Description of Contract: Hardware Maintenance
- C. Contract Number: DAAB07-88-C-J015
- D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	160	0	0 MIS Infrastructure
• Other (specify)	0	0	0
Total	<u>160</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: Super Mini (PRC)

B. Description of Contract: Exerex 486 based computers; HDS x Terminal; Scanner

C. Contract Number: F19630-93-D-001

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	55	0	0 Office Automation
• Other (specify)	0	0	0
Total	<u>55</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

- A. Contract Name: Desktop IV (ZENITH)
- B. Description of Contract: ZDS 486 based computer Microsoft Office
- C. Contract Number: F01620-92-D-0003
- D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	460	0	0 DEERS
	73	0	0 Office Automation
• Other (specify)	0	0	0
Total	<u>533</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: LAN OS Contract

B. Description of Contract: Computer Software

C. Contract Number: F01620-90-D-003

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	18	0	0 Office Automation
• Other (specify)	0	0	0
Total	<u>18</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: SMS CRC Contract

B. Description of Contract: Computer Software

C. Contract Number: F19630-88-D-0005

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	13	0	0 Office Automation
• Other (specify)	0	0	0
Total	<u>13</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: Companion Contract

B. Description of Contract: Computer Software

C. Contract Number: N66032-91-D-0002

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	5	0	0 Office Automation
• Other (specify)	0	0	0
Total	<u>5</u>	<u>0</u>	<u>0</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: LAPHELD II

B. Description of Contract: Hardware purchase of 486 laptop computers.

C. Contract Number: N66032-92-C-002

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	151	151	151 DMLSS
• O & M	55	0	0
• Other (specify)	0	0	0
Total	<u>151</u>	<u>151</u>	<u>151</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

- A. Contract Name: Air Force Standard Multi-user Small Computer Requirements Contract (SMSCRC)
- B. Description of Contract: AT&T 3B2/600G minicomputer, terminals, peripherals, cabling components, and installation services required to implement CIM compliant local area network systems. Includes Intel 486 based microcomputers for use as network servers at smaller activities.
- C. Contract Number: F19630-88-D-0005
- D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	0	0
• O & M	1,534	1,583	1,557
• Other (specify)	0	0	0
Total	<u>1,534</u>	<u>1,583</u>	<u>1,557</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

- A. Contract Name: Digital Equipment (DEC) (PC LAN)
- B. Description of Contract: Intel 486 based microcomputers with associated commercial off the shelf hardware, software, and peripherals for use as general desktop workstations and local area network servers.
- C. Contract Number: F19630-91-D-0001
- D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	924	1,250	1,490
• O & M	3,620	3,680	3,760
• Other (specify)	0	0	0
Total	<u>4,544</u>	<u>4,930</u>	<u>5,250</u>

DEFENSE HEALTH PROGRAM
FIP Resources Requirements and Indefinite Delivery/Indefinite Quantity Contract
User Component
FY 1997 BUDGET ESTIMATES

A. Contract Name: Electronic Data System (EDS)

B. Description of Contract: Intel 486 based microcomputers with associated commercial off the shelf hardware, software, and peripherals for use as general desktop workstations and local area network servers.

C. Contract Number: DAHC94-90-D-0012

D. Estimate Contract Requirements by appropriation (\$000):

	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
• Procurement	0	671	1,305
• O & M	1,262	1,294	1,329
• Other (specify)	0	0	0
Total	<u>1,262</u>	<u>1,965</u>	<u>2,634</u>

**DEFENSE HEALTH PROGRAM
CENTRAL DESIGN ACTIVITY SUMMARY
FY 1997 BUDGET ESTIMATES
(Dollars in Thousands)**

U.S. Army Health Care Systems Support Activity 2455 N.E. Loop 410, Suite 150 San Antonio, TX 78217-5607	<u>FY95</u>	<u>FY96</u>	<u>FY97</u>
CDA Grand Total	\$3273	\$2095	\$0
Workyears	59	59	0

CIM Functional Area - Medical

Ambulatory Patient Care Management System	ADS: HF1	SIC: RDD
Resource Management System	ADS: HR1	SIC: RNL
UNIX System Administration Management System	ADS: HW2	SIC: RUX
Command Automated Budget System	ADS: CID	SIC: AUD
Veterinary Service Automated Data Management System	ADS: HV1	SIC: RYR
HSC Local Force Development Activity	ADS: HR1	SIC: RBA
Nurse Clinician Activities Reporting System	ADS: HH1	SIC: RGK

NOTE: The U.S. Army Health Care Systems Support Activity (HCSSA) in its support to the Army Medical Command (MEDCOM) has been and continues to transition from government owned and designed software to commercial of the shelf (COTS) products. The HCSSA central design organization is being reorganized from a software design to an infrastructure and network deployment/monitoring and maintenance support organization. The activity will be completely reorganized and transition to its new support role by FY 97.

**DEFENSE HEALTH PROGRAM
FORECAST OF INFORMATION TECHNOLOGY BUSINESS OPPORTUNITIES
FY 1997 BUDGET ESTIMATES**

FY 1995

Support Services, Software Maintenance

<u>\$10 - 25M</u>	<u>\$25 - 50M</u>	<u>\$50 - 100M</u>	<u>\$100M and above</u>
		X	

Description: Cost to procure maintenance for application, operating and communication software for various systems. This includes cost for software change requests and the cost of software licenses. The contract was recompeted in FY 1995.

FY 1996

No Business Opportunities meeting the award thresholds are identified for FY 1996.

FY 1997

Equipment, Capital Purchases

<u>\$10 - 25M</u>	<u>\$25 - 50M</u>	<u>\$50 - 100M</u>	<u>\$100M and above</u>
			X

Description: Cost associated with the Composite Health Care System. This contract requirement is for the purchase of an entire automated information system, including software design, system installation, training, and maintenance. The original contract was awarded in FY 1986.